

# ASTHMA & ALLERGY

## BULLETIN

ASTHMA AND ALLERGY FOUNDATION OF AMERICA • NEW ENGLAND CHAPTER



National  
ASTHMA & ALLERGY  
Awareness Month

### May is Asthma and Allergy Awareness Month!

May is also peak season for people with asthma and allergies and a perfect time to highlight how all of us can focus on big and small ways that we can better understand and better overcome the conditions so many need to manage.

Here is how you can get involved and help:

- **Attend our Speaker Series** events online. Register at [asthmaandallergies.org](http://asthmaandallergies.org).
- **Advocate for changes in public policy** that can truly make a difference.
- **Support AAFA New England:** your support drives our ability to reach all of the New England states "for life without limits™".
- **Get involved:** spread awareness and become a member of the AAFA New England community.

### A SILENT SPRING?

by David Robertson, MD, MPH

The arrival of Spring signifies different things to different people, but it has always been a time of renewal, regrowth and revitalization. It means flowers blooming, the start of outdoor soccer, picnics, barbecues, garage sales. Reconnecting with friends after a winter spent indoors. But this year is different.

Because of the COVID-19 pandemic, so many of these Spring traditions have been disrupted, as has the cycle of everyday life, school and work. We live in western Massachusetts, and my family has been taking more walks together, to take advantage of the warmer weather and get out of the house for a few minutes. For us, practicing social distancing while doing this has been easy – we live in a



college town, and everyone is gone, the schools shut down. The streets are empty, and one by one the restaurants and other shops, even the ones offering take out or delivery, are closing. The streets are quiet. It's so different than every other Spring.

One thing that hasn't changed is the arrival of Spring allergens. For a significant portion of the population, Spring means the arrival of tree pollen and outdoor molds. Over the past few

*(continued on page 3)*

### ASTHMA: A GROWING PUBLIC HEALTH PROBLEM



by Jonathan M. Gaffin, MD, MMSc

Asthma is the most common respiratory disease in the United States. It's associated with reduced workplace productivity, work and school absences, ER visits and hospitalizations, and reduced

quality of life overall for children and adults. A number of studies and programs — both in the Commonwealth of Massachusetts and throughout the nation — have attempted to understand and reduce the prevalence of asthma. But none has yet succeeded in driving down the numbers. In fact, Massachusetts currently has the fifth highest adult asthma rate in the nation, and the prevalence has continued to rise among children and adults in our state, making this a serious public health problem.

For the most part, asthma is caused by the complex interactions of environmental exposures in susceptible people. Several modifiable factors that have been associated with the development and exacerbation of asthma including obesity, premature birth, viral infections, environmental exposures to allergens, tobacco smoke, air pollution, mold and other toxins, and poor housing conditions. Scientists worry the growing trend of youth vaping (using electronic cigarettes) may also contribute to asthma. In addition, asthma has a hereditary component. Children of black and Hispanic descent have a higher rate of hospitalizations due to asthma-related complications than their white peers, and children of parents with asthma are more likely to develop the condition.

The Boston Children's Hospital Community Asthma Initiative (CAI) is one effort addressing the social and income inequities among vulnerable families in Boston by providing home health visits for at-risk children, thus reducing health care utilization and related costs for participants. Similar programs are underway across the state.

Despite such successes, efforts to control environmental factors have not been enough to stop this growing problem. This is due at least in part to the fact that we don't yet have sufficient knowledge of exactly how asthma is caused and thus, how to prevent it.

This is leading scientists to explore possible new ways to reprogram the immune system in the hopes of heading off the disease. For instance, researchers in the Asthma Clinical Research Center (ACRC) at Boston Children's Hospital are currently investigating the effectiveness of using an anti-IgE drug to prevent the onset of asthma in predisposed children.

Gaining a deeper understanding of the disease pathway may ultimately lead to better prevention strategies. In the meantime, it's critical that children and adults in Massachusetts have access to safe and healthy environments and lifestyles so everyone can breathe a little easier.

Dr. Jonathan M. Gaffin is the Co-Director of the Severe Asthma Program at Boston Children's Hospital.





## FROM THE EXECUTIVE DIRECTOR

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David Guydan

“For life without limits™” is more than a slogan. It is the embodiment of the mission of the Asthma and Allergy Foundation of America, New England Chapter (AAFA New England). “For life without limits™” is the tangible expression of our dedication to the control and ultimate cure of asthma and allergies. Through our programs, support, advocacy and support for research, we help people live healthy, active lives with asthma and allergies, including food allergies.

As Spring in New England takes hold this year, the peak season for asthma and allergy sufferers is coinciding with the worldwide coronavirus epidemic which has altered our work and our home lives as we unite in what is no less than a war against COVID-19. In these unsettling times, we salute all who live with and care for loved ones, family and friends with asthma and allergies, people who are particularly at risk if infected with the coronavirus. We are most grateful to the heroic professionals who treat patients who have contracted the disease. The response has been remarkable by the pharmaceutical industry and its regulators in ramping up research and fast-tracking clinical trials for vaccines and treatments. We must also acknowledge the corporations that have re-purposed their factories to making the personal protection equipment needed in great quantities for controlling the spread of the disease and the ventilators so vital for those most compromised by the virus.

The month of May, of course, is “National Asthma and Allergy Awareness Month.” AAFA New England with the generous support of GlaxoSmithKline (GSK), our new sponsor of the Spring and Fall 2020 Speaker Series, is producing two events in May which will be made available as virtual seminars and also recorded for subsequent viewing. The first, “Caring for Someone with Asthma,” offered by GSK, is particularly relevant as families are sequestered in your homes. The second virtual seminar event in May will be an innovative program featuring Improbable Players, a troop of performers who act out “scenes” designed to resonate with middle and high school students as part of our “You Deserve The Truth About Vaping” initiative. See the Announcements on the back page of this Bulletin for dates and details on how to register for these seminars which will include question and answer sessions with experts.

In addition, we are pleased to present two very special “virtual” events in May. Kyle Dine, a favorite of AAFA New England audiences, will perform in a Family Concert from his home. Heather Mehra, co-author of the “No Biggie Bunch” book series for pre-school and early elementary children, will offer a virtual storytime. See page 4 for details.

Raise your own understanding of how asthma and allergies impact lives by taking advantage of resources we are highlighting during “National Asthma and Allergy Awareness Month:”

- Visit the AAFA New England website ([asthmaandallergies.org](http://asthmaandallergies.org)) for access to online resources and events.
- On page 3, sort out the different symptoms of the flu, a cold, or seasonal allergies versus COVID-19 to improve your ability to deliver home-based care and know when to call a doctor.
- See page 4 to check out the reports in this Bulletin on Asthma Capitals™ and Allergy Capitals™.

We are all in this together in these times of the coronavirus. Thank you for your help in promoting positive change and inspiring hope for the future throughout our asthma and allergy community.

Warm regards,

David Guydan  
Executive Director

## Thank You!

We would like to express our sincerest gratitude to the medical professionals and essential workers who are working on the front lines, sacrificing so much to save so many.

## SILENT SPRING? (continued from page 1)

weeks, people have developed sneezing, congestion, itchy watery eyes. For some, their asthma is more active. Many people are wondering if their symptoms are due to allergies or COVID infection, and there have been numerous articles published online to help distinguish the difference. In light of all that is going on in the world, it's a scary time to be someone with asthma or allergies.

Despite all this, there is hope and there is support for people that are struggling. While most medical practices have stopped or are limiting in-office visits, the vast majority have transitioned quickly to telemedicine visits, either by phone or video chat. I've been shocked by how effective this technology can be and how much care can be provided remotely. Sometimes it means changing or increasing the dose on medications. Sometimes, it just means listening and offering reassurance. Your doctors, including primary care physicians, allergists, immunologist and pulmonologists are here for you, to keep you safe, comfortable and out of urgent care centers or ERs.

In the same way, people are using technology to connect in their everyday lives, whether it's video chat with friends and family – some far away, some down the street – Netflix parties, online gaming, or neighborhood dance sessions, where everyone stands at the end of their driveway and does their thing. It's not the same as being there in person, but it's surprisingly effective. It's a human connection. And even though we are separated by distance, that's how we'll get through this thing. Together.

Stay safe,  
David Robertson, MD, MPH

Dr. David Robertson is Assistant Professor, University of Massachusetts – Baystate and Partner, Allergy & Immunology Associates of New England



## THE DIFFERENCES AMONG COVID-19, THE FLU, A COLD OR SEASONAL ALLERGIES

There are some symptoms that are similar among these respiratory illnesses. This chart can help you figure out if you may be feeling symptoms of allergies or a respiratory illness like COVID-19. According to the CDC, if you think you have been exposed to COVID-19 and develop a fever and symptoms, such as cough or difficulty breathing, call your healthcare provider for medical advice.

### Steps to Reduce the Risk of Getting COVID-19

Practice everyday preventive actions to help reduce your risk of getting sick and remind everyone in your home to do the same. These actions are especially important for older adults and people who have severe chronic medical conditions:

- Avoid close contact with people who are sick.
- Stay home when you are sick, except to get medical care.
- Cover your coughs and sneezes with a tissue and throw the tissue in the trash.
- Wash your hands often with soap and water for at least 20 seconds, especially after blowing your nose, coughing, or sneezing, going to the bathroom and before eating or preparing food.
- If soap and water are not readily available, use an alcohol-based hand sanitizer with at least 60% alcohol. Always wash hands with soap and water if hands are visibly dirty.
- Clean and disinfect frequently touched surfaces and objects (e.g., tables, countertops, light switches, doorknobs, and cabinet handles).
- Launder items, including washable plush toys, as appropriate and in accordance with the manufacturer's instructions. If possible, launder items using the warmest appropriate water setting for the items and dry items completely. Dirty laundry from an ill person can be washed with other people's items.

Source: CDC website, updated April 28, 2020

Symptoms	Coronavirus* (COVID-19) Symptoms range from mild to severe	Cold Gradual onset of symptoms	Flu Abrupt onset of symptoms	Seasonal Allergies Abrupt onset of symptoms
Length of symptoms	7-25 days	Less than 14 days	7-14 days	Several weeks
Cough	Common (usually dry)	Common (mild)	Common (usually dry)	Rare (usually dry unless it triggers asthma)
Shortness of breath	Sometimes	No**	No**	No**
Sneezing	No	Common	No	Common
Runny or stuffy nose	Rare	Common	Sometimes	Common
Sore throat	Sometimes	Common	Sometimes	Sometimes (usually mild)
Fever	Common	Short fever period	Common	No
Feeling tired and weak	Sometimes	Sometimes	Common	Sometimes
Headaches	Sometimes	Rare	Common	Sometimes (related to sinus pain)
Body aches and pains	Sometimes	Common	Common	No
Diarrhea	Sometimes	No	Sometimes for children	No
Chills/repeated shaking	Sometimes	No	Sometimes	No
Loss of taste or smell	Sometimes	Rare	Rare	Rare

Your symptoms may vary. \*Information is still evolving. \*\*Allergies, colds and flus can all trigger asthma, which can lead to shortness of breath. COVID-19 is the only one associated with shortness of breath on its own.

Sources: Asthma and Allergy Foundation of America, World Health Organization, Centers for Disease Control and Prevention. edited 4/29/20 • [aafa.org/covid19](http://aafa.org/covid19)

# ASTHMA AND ALLERGY CAPITALS IN THE U.S.

## 2020 Allergy Capitals

### SEASONAL ALLERGIES The most and least challenging cities for spring and fall pollen allergies



**aaafa** Asthma and Allergy  
Foundation of America  
[allergycapitals.com](http://allergycapitals.com)

#### MOST Challenging Cities

1. Richmond, VA
2. Scranton, PA
3. Springfield, MA
4. Hartford, CT
5. McAllen, TX
6. New Haven, CT
7. San Antonio, TX
8. Bridgeport, CT
9. Oklahoma City, OK
10. Pittsburgh, PA

#### LEAST Challenging Cities

91. San Jose, CA
92. Boise, ID
93. Portland, OR
94. Fresno, CA
95. Milwaukee, WI
96. Stockton, CA
97. Salt Lake City, UT
98. Seattle, WA
99. Provo, UT
100. Durham, NC

This spring, the Asthma and Allergy Foundation of America (AAFA) released its 2020 Allergy Capitals™ report. The report looks at three important factors:

- pollen and mold count
- allergy medicine use
- availability of board-certified allergists

From the Top 100 Allergy Capitals™, here are the locations in our AAFA New England six-state region that made the list:

- |                   |                    |
|-------------------|--------------------|
| 3. Springfield    | 18. Providence, RI |
| 4. Hartford, CT   | 58. Worcester, MA  |
| 6. New Haven, CT  | 65. Boston, MA     |
| 8. Bridgeport, CT |                    |

To see the full list, review study methodology and learn more about dealing with your allergies, visit: [www.allergycapitals.com](http://www.allergycapitals.com)

### Asthma and COVID-19

COVID-19 is a respiratory infection, and the nearly 25 million Americans with asthma are at high risk for complications from the virus. In response to the high demand for albuterol, the Food and Drug Administration recently approved a generic of Proventil HFA, a common albuterol inhaler, as a great first step toward meeting demand.

To help manage your asthma during this time we encourage the following:

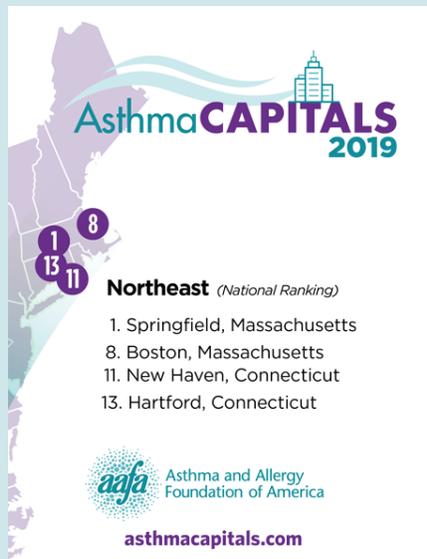
- Make sure that your asthma condition is well-controlled.
- Ensure that you have enough asthma medications on hand, consistent with the Centers for Disease Control (CDC) recommendations.
- Contact your healthcare provider if your asthma is not well controlled, if symptoms of coronavirus appear, or if you have additional questions.

Last year, on World Asthma Day, May 7, 2019, the Asthma and Allergy Foundation of America (AAFA) released its 2019 Asthma Capitals™ report, which lists the 100 most challenging places to live with asthma in the U.S.

Cities are ranked based on asthma-related health outcomes: prevalence, emergency room visits and mortality, as well as risk factors that contribute to these outcomes: poverty, air quality, access to specialists, pollen counts, medicine use, tobacco policies and the rate of uninsured residents.

To see the full list, visit [asthmacapitals.com](http://asthmacapitals.com).

Note: Asthma Capitals are updated every two years and will next be updated in 2021.



## SPECIAL EVENTS OF INTEREST



### Kyle Dine "At Home, too!" Family Concert Saturday, May 16, 2020, 11:00 a.m. to Noon

Join us as via Zoom as Kyle Dine performs songs that empower, support and educate children with food allergies.

Kyle Dine is an internationally known singer/songwriter and a food allergic individual who has turned his diagnosis into positive impacts for the food allergy community.

Register with AAFA New England at [asthmaandallergies.org](http://asthmaandallergies.org)



### "No Biggie Bunch" Virtual Storytime

Saturday, May 30, 2020, 11:00 a.m. to Noon

Presented by Heather Mehra, co-author of the No Biggie Bunch book series for pre-school and early elementary audiences.

Heather Mehra is the mother of three No Biggie Bunch inspirations. She and co-creator, Kerry McManama, wrote these stories to act as springboards for food allergy conversations among children, parents, teachers, friends and family members.

Heather will be joined by Michael Pistiner, MD, MMSc, Director of Food Allergy Advocacy, Education and Prevention, MassGeneral Hospital for Children, Food Allergy Center. Register at [asthmaandallergies.org](http://asthmaandallergies.org).

# AAFA New England: NEWS AND NOTES

## Food Allergy Buddies Program

Led by Michael Pistiner, MD, MMSc, Director of Food Allergy Advocacy, Education and Prevention for the MassGeneral Hospital for Children, Food Allergy Center, the Food Allergy Buddies Program was launched on Sunday, January 26th, at the Belmont Hill School campus. The Buddies Program aims to create a community of support for children with food allergies in the Boston area while fostering relationships and confidence. Under the supervision



Launch of the Buddies Program at Belmont Hill School in Belmont, Massachusetts.

of professionals from MGH, the Program is designed for elementary school-aged children with allergies to be mentored by trained high school students who also have food allergies. While parents of the children met separately to discuss support for their children, the "littles" and their high school-aged mentors had separate fun activities and experienced mutual bonding and learning experiences. Over 80 children attended, mentored by 20 high school students who volunteered their time.

David Guydan of AAFA New England attended the event and provided information and resources at an exhibit table during the parent gathering. Future events (once gatherings can again take place safely post-coronavirus restrictions) will include bowling, visits to the Science Museum and the Franklin Park Zoo, Red Sox Games, and more.



## Winter 2020 Speaker Series Recap

### "Supporting Children with Food Allergies at School:

**Strategies to Promote Safety, Inclusion, and Confidence**" was convened at Newton-Wellesley Hospital's Shipley Auditorium and video streamed for remote viewers. This was presented by two members of the AAFA New England Medical Advisory Committee: Jennifer LeBovidge, PhD, Psychologist in the Food Allergy Program at Boston Children's Hospital, Assistant Professor in Psychology at Harvard Medical School, and AAFA New England Board Member and Michael Pistiner, MD, MMSc, Director of Food Allergy Advocacy, Education and Prevention, MassGeneral Hospital for Children, Food Allergy Center.

After a joint presentation by Drs. LeBovidge and Pistiner, the two experts in the field of caring for children with food allergies and their parents/caretakers answered a host of



questions from the in-person audience and those attending online. Topics ranged from strategies to keep children safe in schools, support for social inclusion, and promoting positive coping with food allergy in the school setting – all much appreciated by attendees.

**"Advancements in Atopic Dermatitis: What Does This Mean For Your Practice?"** was offered on March 31st as an online only event due to the coronavirus prohibition on gatherings as a for-credit seminar to a wide audience of dermatologists, allergists, nurse practitioners, physician assistants and nurses. In collaboration with AAFA New England, this talk was facilitated by The France Foundation with educational grant support from Sanofi Genzyme and Regeneron Pharmaceuticals.



Maryanne Senna, MD, board-certified dermatologist at Massachusetts General Hospital and Assistant Professor of Dermatology, Harvard Medical School

presented the seminar to her peers, polling the audience to sense understanding of the subject matter and fielding questions.

**Note:** our Speaker Series lectures are recorded and posted on our website. You can view them at [asthmaandallergies.org](http://asthmaandallergies.org)

## LEGISLATIVE UPDATES

### H.1853/S.1235: An Act Relative to Step Therapy and Patient Safety. March 5, 2020

To get the medicine prescribed by their health care provider, patients must often first prove that older, less expensive or "insurer-preferred" alternatives don't work. This so-called "fail first" or Step Therapy can be excessive, arbitrary and even damaging to patients' health. This practice by insurers as they protect their own profits also undermines the relationship between physician and patient, to whom treatment decisions rightfully belong. The Act would implement sensible principles, rooted in clinical evidence and enable straightforward



Rep. Alice Peisch with David Guydan, AAFA New England

processes for bypassing the fail first requirement. David Guydan convened with a broadly-based cohort at the Statehouse on Beacon Hill in

Boston. David then met one-on-one with Representative Alice Peisch, Democrat who represents the 14th District in the Massachusetts House of Representatives. They discussed the impacts of step therapy on AAFA New England's community and Rep. Peisch's support of the pending legislation.

### "Common Health for the Commonwealth"

In February, AAFA New England was asked by the Massachusetts Health Council to contribute a thought-leadership piece to their biennial publication, "Common Health for the Commonwealth." David Guydan teamed with Lisa Ellis, Boston Children's Hospital Marketing and Communications, and Dr. Jonathan Gaffin, Co-Director, Severe Asthma Program at Boston Children's Hospital. An Asthma Policy Perspective was drafted by Dr. Gaffin, reviewed by the AAFA New England Medical Advisory Committee, and accepted for publication in the 2020 Edition. Dr. Gaffin and AAFA New England will be cited in the release of the publication. Our thanks also to Dr. Gaffin for creating one of our lead articles, "Asthma: A Growing Public Health Problem" which starts on page 1 in this issue of the Bulletin.

### "We Work for Health" Partners Meeting. April 10, 2020

AAFA New England, though our association with The Strategy Group (a public affairs, advocacy and community relations support firm), is a part of the We Work for Health grassroots initiative that shows how biopharmaceutical research and medical innovation work together to make strong, vibrant contributions to the health and economic security of individuals, local communities, states and the nation. David Guydan convened virtually with other partner organizations to participate in a seminar by MassINC Polling Group on the coronavirus crisis, its challenges, and its impacts on everyday life in Massachusetts and, inevitably, on public policy and politics. The findings of the recent poll chronicled people's changing activities due to the epidemic, spikes in telemedicine, and mounting economic and financial challenges, including residents' physical and mental health with the ultimate outcomes still to be determined.

# RESEARCH UPDATE: OPPORTUNITIES TO HELP



**Boston  
Children's  
Hospital**

Until every child is well™

The Asthma/Allergy Clinical Research Center is an NIH funded Center currently recruiting for a number of studies for patients with asthma and/or allergies! All visits are compensated and all travel to and from the hospital is covered by the research group. The studies also provide free medications. Call or email to see if you or your child is eligible for any of these exciting studies!

- **PARK (Preventing Asthma in High Risk Kids):** Park is a prevention study aimed at identifying whether 2 years of treatment with Xolair® (Anti-IgE) injections can prevent lasting asthma or reduce asthma severity in children ages 2-4 years with a history of wheezing, allergies, and family history. We will also evaluate whether this treatment stops or modifies the allergic march, which includes eczema, food allergies and other allergic conditions.
- **ORBEX (ORal Bacterial EXtract for the prevention of wheezing lower respiratory tract illness):** The goal of ORBEX is to find out if oral treatment with Broncho-Vaxom® for 2 years can prevent lower respiratory wheeze or asthma like symptoms in children ages 5-16 months who have eczema or who have a parent with asthma
- **IDEA (Investigating Dupilumab's Effect on Asthma by genotype)**
- **PRECISE:** We are investigating whether novel therapies can help asthma in adolescents and adults
- **EASY (Environmental Assessment of Sleep in Youth) Study** of home environmental factors (noise, air quality, etc) in the child's home to modify the quality of the sleep. This study is for children ages 6-12 years old.

For more information about any of the above studies and/or to refer potential interested families, please email [asthma@childrens.harvard.edu](mailto:asthma@childrens.harvard.edu) or call 857-218-5336.

## Peanut Allergy Study for Ages 1-3

The EPITOPE Study Team at Boston Children's Hospital is conducting a study to look at the safety and efficacy of the Viaskin® Peanut patch in children. This patch tries to make children less sensitive to peanuts by continuously delivering

small amounts of peanut protein through the skin. Children ages 1-3 years old with a physician diagnosed peanut allergy are eligible. The study is 12 visits over the course of a year. Procedures include food challenges, skin prick testing and blood draws 4 times during the study.

For more information, please contact the study team at 617-355-4349.



The Food Allergy Center at Massachusetts General Hospital has several upcoming clinical trials for infants, toddlers, adolescents, and adults.

Many studies involve peanut allergy, while one study involves multiple food allergies. If your patients are interested in receiving information regarding any of the following, please instruct them to email [foodallergy@mgh.harvard.edu](mailto:foodallergy@mgh.harvard.edu)

## Multiple Food Allergies Toddler to Adult:

1. Multiple-food oral immunotherapy (OIT) (peanut and 2 other foods) + Omalizumab
  - Phase III study enrolling now.
  - Ages 2-55 years old.
  - Participants must be allergic to peanuts and at least two other foods (milk, egg, wheat, cashew, hazelnut, or walnut).
  - Participants will receive omalizumab injections alone or in combination with multi-allergen oral immunotherapy (OIT). The total study duration including long-term follow-up and dietary integration could last approximately 4 years.
  - Participants must react at entry food challenges to peanut and 2 other allergens listed to be eligible.
  - NCT# 03881696

## Peanut Allergy Infant/Toddler:

2. **Early Peanut introduction Study**
  - No treatment – enrolling now.
  - Prospective observational study, offering observed feeds/oral food challenges to peanut to determine the value of screening and allergy testing for peanut
  - Age 4-11 months old infants who have not yet tried peanut and have not yet been tested for peanut but who have any of the following: (1) at least moderate eczema, or (2) a physician diagnosis of milk, egg, or other non-peanut food allergy, or (3) a first degree relative with peanut allergy.
  - Followed to 30 months of age - with two additional clinic visits and periodic telephone or smart phone follow-up

to assess for peanut consumption and reactions.

- NCT# 03019328

## School-Age to Adolescents:

3. Peanut Recombinant DNA Vaccine
  - Phase I – Enrolling now.
  - Ages 12-17 years old.
  - Participants will receive 4 doses over 6 weeks followed by a 6-month follow-up period.
  - Participants must have a peanut allergy and react at an entry food challenge to peanut to be eligible.
  - NCT# 03755713

## Adolescents to Adults:

4. Peanut OIT + Probiotic (live biotherapeutic product)
  - Phase Ib/II – enrolling now.
  - Ages 12-55 years old.
  - Participation is about 56 weeks for Phases Ib and II, and about 49 weeks for Phase II only. The study will evaluate pretreatment or concurrent treatment with probiotic in comparison to low-dose peanut OIT alone.
  - Participants will receive peanut OIT with or without probiotic and/or limited pre-treatment with oral vancomycin.
  - Immune response and microbiome changes will be evaluated.
  - Participants must have a peanut allergy and react at an entry food challenge to peanut to be eligible.
  - NCT# 03936998

All of these studies involve placebo arms (with the exception of the early introduction observational study), blood draws, skin prick testing, and food challenges; however, all studies do offer opportunity for direct benefit (e.g., if initially placebo, cross over to active). Studies will be explained in detail to potential participants who contact us for information.

**COVID-19 research opportunity for parents:** Researchers at Eastern Michigan University are studying the psychosocial impact of COVID-19 on US parents of children with asthma or food allergies, and parents of healthy children. This study involves completing an online survey. To learn more, go to: [https://emichpsych.co1.qualtrics.com/jfe/form/SV\\_dncGw4uwHGHcJi5](https://emichpsych.co1.qualtrics.com/jfe/form/SV_dncGw4uwHGHcJi5)

**For more information on the studies listed as well as additional research opportunities, please visit our website at [asthmaandallergies.org](http://asthmaandallergies.org)**

## THANK YOU TO OUR CORPORATE PARTNERS

AAFA New England is grateful for the support of our Corporate Partners in 2020. Their generous support allows us to provide valuable resources to help our members live life fully with asthma and allergies.

## The Thoracic Foundation



### ASTHMA & ALLERGY BULLETIN

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e-mail: aafane@aafane.org

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The Asthma and Allergy Foundation of America, New England Chapter, is dedicated to helping people with asthma and allergic diseases, and those who care for them, through education, support for research and an array of services.

Information contained in this newsletter should not be used as a substitute for responsible professional care to diagnose and treat specific symptoms and illness. Any reference to available products and procedures should not be construed as an endorsement. AAFA New England, including all parties to or associated with this newsletter, will not be held responsible for any action taken by readers as a result of the newsletter. ©2020. All rights reserved. Material may not be reproduced without permission of the publisher.

### BECOME A MEMBER OR RENEW YOUR MEMBERSHIP!

Membership in AAFA New England helps you and others with asthma and allergies to enjoy fuller lives.

- Individual \$35
- Family (2+) \$50
- Professional (MD & RN) \$100
- Practice Group \$250

#### MEMBERSHIP INCLUDES

- ▶ Newsletters mailed to you  
(Multiple copies to Professional members)
- ▶ Personalized resources and information
- ▶ Notice of educational programs and special events

Dues can be paid via check made payable to:  
AAFA New England or credit card on our website  
[www.asthmaandallergies.org](http://www.asthmaandallergies.org)

### MAKE A DONATION TO AAFA NEW ENGLAND

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AAFA New England or credit card on our website [www.asthmaandallergies.org](http://www.asthmaandallergies.org)

- \$50
- \$100
- \$175
- \$250
- \$500
- \$\_\_\_\_\_ another amount

Honor your friends and relatives by making a donation to AAFA New England. Please include the name of the person being honored or memorialized, and whom you want us to notify of your donation. All donations are tax-deductible.

Please remember to ask your company for a matching contribution to AAFA New England.



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## AAFA New England ANNOUNCEMENTS



To register for the Speaker Series, visit our website or email us at [events@aafane.org](mailto:events@aafane.org).

**"Caring for Someone with Asthma"** webinar, Thursday, May 14th, 2:00 – 3:00 p.m.  
Presented by: Arnita Roberts-Christie, RN, BSN, MS, Patient Engagement Liaison at GlaxoSmithKline who will be joined for questions and answers by Lisa Bartnikas, MD, attending physician in Allergy/Immunology at Boston Children's Hospital and Instructor in Pediatrics at Harvard Medical School.

### Seminar Outline:

- Who is a Caregiver? You Play a Key Role

- Asthma Attacks: What You Can Do
- Care for Yourself
- What's Next?

Following the presentation by Ms. Roberts-Christie, Dr. Lisa Bartnikas, a member of the AAFA New England Medical Advisory Committee, will answer questions from the audience.

**"You Deserve The Truth About Vaping"** webinar, an educational experience on the dangers of e-cigarette use and vaping products, Wednesday, May 27th, 7:00 p.m. – 8:00 p.m.

Presented by: AAFA New England in collaboration with Improbable Players, a troupe of actors – themselves recovering from addictions – will showcase "scenes" designed to resonate with middle and high school students who are experimenting with vaping or who may be considering vaping. Parents, school nurses, and school officials, this is a must-see program so that you can

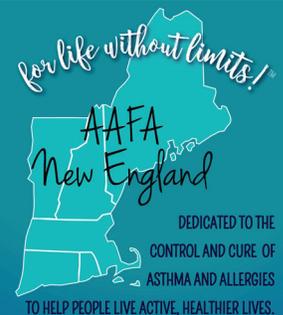
gain knowledge of vaping facts, detect vaping behaviors, learn how to approach youth if these behaviors are suspected, and engage with them to set next steps and expectations.

Following the presentation of several scenes where the actors will play roles related to vaping behaviors and use, a panel of experts assembled by AAFA New England will be available to take questions from the live, virtual audience.

Speaker Series sponsored by:



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